Davis Guest Home
personalized residential care

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability veteran status, genetic information or any and all other unlawful biases regarding federal, state or local laws with regard to workers or applicants.
TO BE CONSIDERED FOR EMPLOYMENT, ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. THIS APPLICATION WILL GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT OUR COMPANY WILL EMPLOY THE APPLICANT. THIS FORM BECOMES PART OF YOUR EMPLOYMENT RECORD IF YOU ARE HIRED.
THIS APPLICATION IS ONLY VALID FOR 30 DAYS.

PERSONAL INFORMATION

Name (Including first, middle and last names):	Home Phone:
Present Address (including city, state, zip):	
Alternate/Cell Phone Number:	Are you over 18?
If you have lived at above address less than 12 months, list previous address (including city, state, zip):	
Have you worked or do you have work experience or education under a different name: If so, please list (including first, middle and last names):	
Can you supply documentation of your identity and authorization to work in the U.S.? _____yes _____no	

WORK INTEREST

Position applied for:	Type of employment: _____ Full time _____ Part time Other _____	Shift preferred:	Minimum Salary:	Earliest available date:
Have you ever filed an application with our company before? _____ yes _____ no			When?	Where?
Have you ever been interviewed by our company before? _____ yes _____ no			When?	Where?
Shift & hours you can work: 1st shift_____ 2nd shift_____ 3rd shift_____				
Would you accept part time work? _____ yes _____ no			Would you accept temporary work? _____ yes _____ no	
Please indicate the hours you would be willing to work whenever scheduled or requested: Overtime _____yes _____no Weekends _____yes _____no Holidays _____yes _____ no Rotation _____ yes _____ no				
Briefly state your reasons for interest in employment with our company or any other comments with regard to work interest:				
Do you have reliable transportation? _____ yes _____ no				
If the position requires travel, are you willing, and do you have a valid driver's license? _____yes _____ no if yes, DL# _____ State:				
Are you currently employed? _____ yes _____ no			May we inquire of your current employer? _____ yes _____ no	

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List the names of employers in consecutive order with present or last employer listed first. Account for all periods, including military services. If self-employed, give firm name and supply additional references. PLEASE GIVE BOTH MONTH AND YEAR.

WORK HISTORY

Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone	Your Title	Pay	Starting: $	
Nature of Business			Ending: $	
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				
Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone	Your Title	Pay	Starting: $	
Nature of Business			Ending: $	
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				
Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone	Your Title	Pay	Starting: $	
Nature of Business			Ending: $	
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				
Name of Employer:		Dates Employed:		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone	Your Title	Pay	Starting: $	
Nature of Business			Ending: $	
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				

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Please explain all periods of unemployment: _____
_____
_____

Have you ever been disciplined associated with theft? _____ Yes _____ No
If yes, please explain: _____
_____
_____

Have you ever been terminated from employment? _____ Yes _____ No
If yes, please explain: _____
_____
_____

Have you ever served in the military? _____ Yes _____ No
Branch of Service: _____ Final Rank: _____

EDUCATION					
List all Schools Attended	Name & Address of School	No. of Years	Graduated?	Degree or Type of Diploma	Major Course of Study
High School					
College/University					
College/University					
Graduate School					
Business/Technical					
If you have not graduated from high school, do you have a GED? _____ yes _____ no No. of test _____ Date of test _____ Place taken _____					
If you went to college but did not graduate, how many credit hours are needed for your degree? Associate _____ Bachelor _____					
List any scholarships, academic honors, awards or special achievements:					
List languages which you speak proficiently:					
List languages which you read proficiently:					

CERTIFICATIONS/LICENSES			
Type	Agency or State Issued	Date Issued	Number

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REFERENCES			
Name	Address	Phone	Occupation

SPECIAL SKILLS			
OFFICE	Typing wpm:	Shorthand wpm:	Speed writing wpm:
Data entry: _____yes _____ no	10-key: _____yes _____ no	Calculator: _____yes _____ no	Fax: _____yes _____ no
COMPUTER	Hardware:	Software:	Other Computer Training:
List those skills and abilities (personal skills, qualities, work style, interpersonal abilities, communication, etc.) you feel particularly qualify you for a position with us:			

ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT

Initials: Affidavit

_____ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

_____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

_____ I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

_____ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

_____ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling changes ad directed by my supervisors or the management.

_____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate office. I understand that this is an application for employment and that no employment contract is being offered.

_____ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

_____ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now and hereafter in effect.

_____ I certify that as part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the position of _____. I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature:_____ Date:_____

Printed Name: _____